114TH CONGRESS
1ST SESSION

S. ______

To amend the Public Health Service Act to foster more effective implementation and coordination of clinical care for people with pre-diabetes, diabetes, and the chronic diseases and conditions that result from diabetes.

IN THE SENATE OF THE UNITED STATES

Mrs. SHAHEEN (for herself, Ms. COLLINS, Mr. BROWN, Mr. MARKEY, Mr. KIRK, Ms. AYOTTE, Mrs. BOXER, Mr. NELSON, Mr. DONNELLY, and Mr. CARPER) introduced the following bill; which was read twice and referred to the Committee on ______________

A BILL

To amend the Public Health Service Act to foster more effective implementation and coordination of clinical care for people with pre-diabetes, diabetes, and the chronic diseases and conditions that result from diabetes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the ''National Diabetes
5 Clinical Care Commission Act''.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) The Centers for Disease Control and Pre-
2 vention report that nearly 29,000,000 Americans
3 have diabetes in addition to an estimated
4 86,000,000 American adults that have pre-diabetes,
5 an increase of 3,000,000 Americans with diabetes
6 and 7,000,000 American adults with pre-diabetes
7 since 2011.
8 (2) Diabetes affects 9.3 percent of Americans of
9 all ages and 12.3 percent of adults age 20 and older.
10 Adults age 20 and older of racial and ethnic minori-
11 ties continue to have higher rates of diabetes than
12 individuals not of such minorities, as demonstrated
13 by the following: 15.9 percent of all adult American
14 Indians and Alaskan Natives have diabetes; 13.2
15 percent of all adult African-Americans have diabetes;
16 12.8 percent of all adult Hispanics have diabetes;
17 and 9.0 percent of all adult Asian-Americans have
18 diabetes, while 7.6 percent of all non-Hispanic
19 Whites have diabetes.
20 (3) Diabetes is the seventh leading cause of
21 death in the United States.
22 (4) People with diabetes are more likely than
23 people without diabetes to also have chronic diseases
24 and conditions that are complications of diabetes, in-
25 cluding cardiovascular disease, strokes, high blood

1 pressure, kidney disease, including dialysis, blind-
2 ness, neuropathy, and leg and feet amputations.
3 (5) Adults with diabetes have an elevated risk
4 of heart disease and stroke. Adults with diabetes
5 have death rates from heart disease that are nearly
6 twice as high as adults without the disease.
7 (6) Diabetes is the leading cause of kidney fail-
8 ure. Each year, nearly 100,000 individuals in the
9 United States are diagnosed with kidney failure, and
10 diabetes accounts for 44 percent of these new cases.
11 (7) Diabetic neuropathies are a family of nerve
12 disorders caused by diabetes and are prevalent in
13 nearly 60 to 70 percent of individuals with diabetes.
14 (8) Diabetes is the leading cause of new cases
15 of blindness among adults aged 20 to 74.
16 (9) About 60 percent of all non-traumatic lower
17 limb amputations in the United States occur in indi-
18 viduals with diabetes.
19 (10) Total national costs associated with diabe-
20 tes in 2012 exceeded $245,000,000,000, according
21 to the Centers for Disease Control and Prevention.
22 (11) One in three Medicare dollars is currently
23 spent on people with diabetes.
24 (12) The Centers for Disease Control and Pre-
25 vention projects that as many as 1 in 3 American

1 adults could have diabetes by 2050 if current trends
2 continue.
3 (13) There are 35 Federal departments, agen-
4 cies, and offices involved in the implementation of
5 Federal diabetes activities.

6 **SEC. 3. ESTABLISHMENT OF THE NATIONAL DIABETES**
7 **CLINICAL CARE COMMISSION.**

8 Part P of title III of the Public Health Service Act
9 (42 U.S.C. 280g et seq.) is amended by adding at the end
10 the following new section:

11 **"SEC. 399V–6. NATIONAL DIABETES CLINICAL CARE COM-**
12 **MISSION.**

13 ''(a) ESTABLISHMENT.—There is hereby established
14 within the Department of Health and Human Services a
15 National Diabetes Clinical Care Commission (in this sec-
16 tion referred to as the 'Commission') to evaluate and rec-
17 ommend solutions regarding better coordination and the
18 leveraging of programs within the Department of Health
19 and Human Services and other Federal agencies that re-
20 late in any way to supporting appropriate clinical care
21 (such as any interactions between physicians and other
22 health care providers and their patients related to the
23 treatment and care management for people with pre-diabe-
24 tes, diabetes, and the chronic diseases and conditions that
25 are complications of or caused by diabetes.

1 "(b) MEMBERSHIP.—
2 "(1) IN GENERAL.—The Commission shall be
3 composed of the following voting members:
4 "(A) The heads (or their designees) of the
5 following Federal agencies and departments
6 that conduct programs that could impact the
7 clinical care of people with pre-diabetes, diabe-
8 tes, and the chronic diseases and conditions
9 that are complications of or caused by diabetes:
10 "(i) The Centers for Medicare and
11 Medicaid Services.
12 "(ii) The Agency for Healthcare Re-
13 search and Quality.
14 "(iii) The Centers for Disease Control
15 and Prevention.
16 "(iv) The Indian Health Service.
17 "(v) The Department of Veterans Af-
18 fairs.
19 "(vi) The National Institutes of
20 Health.
21 "(vii) The Food and Drug Adminis-
22 tration.
23 "(viii) The Health Resources and
24 Services Administration.
25 "(ix) The Department of Defense.

1 ''(x) Other governmental or non-
2 governmental agency heads, at the discre-
3 tion of the agency, that impact clinical
4 care of individuals with pre-diabetes and
5 diabetes.
6 ''(B) Twelve additional voting members ap-
7 pointed under paragraph (2).
8 ''(2) ADDITIONAL MEMBERS.—The Commission
9 shall include additional voting members appointed by
10 the Comptroller General of the United States, in
11 consultation with national medical societies and pa-
12 tient advocate organizations with expertise in diabe-
13 tes and the care of patients with diabetes and the
14 diseases it causes, including one or more from each
15 of the following categories:
16 ''(A) Clinical endocrinologists.
17 ''(B) Physician specialties (other than as
18 described in subparagraph (A)) that play a role
19 in diabetes care, such as cardiologists,
20 nephrologists, and eye care professionals.
21 ''(C) Primary care physicians.
22 ''(D) Non-physician health care profes-
23 sionals, such as certified diabetes educators,
24 registered dieticians and nutrition professionals,

1 nurses, nurse practitioners, and physician as-
2 sistants.
3 ‘‘(E) Patient advocates.
4 ‘‘(F) National experts in the duties listed
5 under subsection (c).
6 ‘‘(3) CHAIRPERSON.—The voting members of
7 the Commission shall select a chairperson from the
8 members described in paragraph (2)(A).
9 ‘‘(4) MEETINGS.—The Commission shall meet
10 at least twice, and not more than 4 times, a year.
11 ‘‘(5) BOARD TERMS.—Members of the Commis-
12 sion, including the chairperson, shall serve for a 3-
13 year term. A vacancy on the Commission shall be
14 filled in the same manner as the original appoint-
15 ments.
16 ‘‘(c) DUTIES.—The Commission shall—
17 ‘‘(1) evaluate programs of the Department of
18 Health and Human Services regarding the utiliza-
19 tion of diabetes screening benefits, annual wellness
20 visits, and other preventive health benefits that may
21 reduce the risk of diabetes and the chronic diseases
22 and conditions that are complications of diabetes,
23 addressing any existing problems regarding such uti-
24 lization and related data collection mechanisms;

1 "(2) identify current activities and critical gaps
2 in Federal efforts to support clinicians in providing
3 integrated, high-quality care to people with pre-dia-
4 betes, diabetes, and the chronic diseases and condi-
5 tions that are complications of diabetes;
6 "(3) make recommendations regarding the co-
7 ordination of clinically based activities that are being
8 supported by the Federal Government;
9 "(4) make recommendations regarding the de-
10 velopment and coordination of federally funded clin-
11 ical practice support tools for physicians and other
12 health care professionals in caring for and managing
13 the care of people with pre-diabetes, diabetes, and
14 the chronic diseases and conditions that are com-
15 plications of diabetes, specifically with regard to the
16 implementation of new treatments and technologies;
17 "(5) evaluate programs in existence as of the
18 date of the enactment of this section and determine
19 if such programs are meeting the needs identified in
20 paragraph (2) and, if such programs are determined
21 to not be meeting such needs, recommend programs
22 that would be more appropriate;
23 "(6) recommend clinical pathways for new tech-
24 nologies and treatments, including future data col-
25 lection activities, and how they may be developed

1 and then used to evaluate and develop various care
2 models and methods and the impact of such models
3 and methods on quality of care and diabetes man-
4 agement as measured by appropriate care param-
5 eters (such as A1C, blood pressure, and cholesterol
6 levels);
7 ''(7) evaluate and expand education and aware-
8 ness to physicians and other health care profes-
9 sionals regarding clinical practices for the prevention
10 of diabetes and the chronic diseases and conditions
11 that are complications of diabetes;
12 ''(8) review and recommend appropriate meth-
13 ods for outreach and dissemination of educational
14 resources that regard diabetes prevention and treat-
15 ments, are funded by the Federal Government, and
16 are intended for health care professionals and the
17 public; and
18 ''(9) include other activities, such as those re-
19 lating to the areas of public health and nutrition,
20 that the Commission deems appropriate.
21 ''(d) OPERATING PLAN.—
22 ''(1) INITIAL PLAN.—Not later than 90 days
23 after its first meeting, the Commission shall submit
24 to the Secretary and the Congress an operating plan
25 for carrying out the activities of the Commission as

1 described in subsection (c). Such operating plan may
2 include—
3 ‘‘(A) a list of specific activities that the
4 Commission plans to conduct for purposes of
5 carrying out the duties described in each of the
6 paragraphs in subsection (c);
7 ‘‘(B) a plan for completing the activities;
8 ‘‘(C) a list of members of the Commission
9 and other individuals who are not members of
10 the Commission who will need to be involved to
11 conduct such activities;
12 ‘‘(D) an explanation of Federal agency in-
13 volvement and coordination needed to conduct
14 such activities;
15 ‘‘(E) a budget for conducting such activi-
16 ties;
17 ‘‘(F) a plan for evaluating the value and
18 potential impact of the Commission’s work and
19 recommendations, including the possible con-
20 tinuation of the Commission for the purposes of
21 overseeing their implementation; and
22 ‘‘(G) other information that the Commis-
23 sion deems appropriate.
24 ‘‘(2) UPDATES.—The Commission shall periodi-
25 cally update the operating plan under paragraph (1)

1 and submit such updates to the Secretary and the
2 Congress.
3 "(e) FINAL REPORT AND SUNSET OF THE COMMIS-
4 SION.—By not later than 3 years after the date of the
5 Commission's first meeting, the Commission shall submit
6 a report containing all of the findings and recommended
7 actions of the Commission to the Secretary and Congress.
8 Not later than 120 days after the submission of the final
9 report, the Secretary shall review the evaluation required
10 under subsection (d)(1)(F) to determine the continuation
11 of the Commission.
12 "(f) AUTHORIZATION OF APPROPRIATIONS.—Appro-
13 priations are authorized to be made available to the Com-
14 mission for each of fiscal years 2016, 2017, and 2018,
15 from amounts otherwise made available to the Department
16 of Health and Human Services for such fiscal years, to
17 carry out this section.".